



Family Information Form 2019-2020

For safety and administrative needs, Trinity asks that you complete one registration form per family. Please return the completed form to the church office – either deliver it in person, or scan and send it via email to kate@trinitychurchofaustin.org or snail mail to: Trinity Church of Austin, 4001 Speedway, Austin, TX, 78751.

Last Name of Child :	First Name:	Birth Date:	Age:	Grade:	Pronouns:		Service:	
					She/He/They	9a	11a	

Parent/Guardian #1 Name: _____

E-mail: _____ Want weekly church emails?

Address: _____ Zip: _____

Phone: *Please check best number to use for contact during the work week*

Home: _____ Work: _____ Cell: _____

Check all that apply below -----

Interested in helping occasionally on Sunday mornings? Interested in a parent small group?

Interested in a Facebook group? If so, name on Facebook: _____

Parent/Guardian #2 Name: _____

E-mail: _____ Want weekly church emails?

Address: _____ Zip: _____

Phone: *Please check best number to use for contact during the work week*

Home: _____ Work: _____ Cell: _____

Check all that apply below -----

Interested in helping occasionally on Sunday mornings? Interested in a parent small group?

Interested in a Facebook group? If so, name on Facebook: _____

---PLEASE TURN OVER AND FILL OUT THE OTHER SIDE COMPLETELY---

Child(ren) live with parents/guardians: #1 #2 Other: _____

Media Permission: Please check the YES box if you give Trinity permission to represent your child(ren) in various media (photos, printed audio, video, bulletin boards, etc.) created by and for Trinity Church of Austin. Please note: we will never include names of children.

YES NO Other Instruction: _____

Records: I understand that the Trinity staff has permission to view the information in this form for safety and administrative reasons. I also give permission to Trinity's children's ministry volunteers. YES NO

Are there any medical concerns we should know about?

Are there food allergies or dietary concerns we should be aware of?

Any additional concerns or apprehensions?

Please tell us about the interests and favorite activities of your child/children:

Signature: _____ **Date:** _____

THANK YOU!